APPENDIX B
NEO RHIO HealthNet Budget

Option 1 Fiber Based HealthNet Deployment

HealthNet Cost Summary		Total Capital Cost		Annual Operational Costs		FCC RHCP Project Total Costs	Status
Zone	0	$	13,000,000	$	1,200,000		Complete
Zone	1	$	8,032,591	$	487,885	$ 6,520,476.24	Waiting Grant & Financing
Zone	2	$	7,004,318	$	402,012	$ 7,406,329.94	Waiting Grant & Financing
Zone	3	$	1,996,074	$	200,263	$ 2,196,337.14	Waiting Grant & Financing
Zone	4	$	3,942,865	$	178,056		Waiting Grant & Financing
Zone	5	$	7,132,212	$	220,088		Waiting Grant & Financing
Zone	6	$	5,242,230	$	161,313		Medina County Bond Financed
Northeast Ohio Funding Plan		$	44,350,290	$	2,849,617	$ 16,123,143	

RHCP Funding Distribution Plan	Contribution	Distribution
FCC Portion	70%	$ 11,286,200
OneCommunity Contribution	12%	$ 1,934,777
Grant & Financing	18%	$ 2,902,166
Total Funding Requirements		$ 16,123,143

Option 1 Zone Budget Detail

Project Breakdown		FCC RHCP Project				OneCommunity Network Expansion		
		Zone 1	Zone 2	Zone 3		Zone 4	Zone 5	Zone 6
Fiber Construction	$	4,882,838	$ 6,133,216	$ 1,447,776	$	3,317,424	$ 6,344,976	$ 4,704,480
Pole Permits	$	250,402	$ 181,356	$ 71,505	$	102,075	$ 195,230	$ 144,753
Fiber Entrances	$	131,500	$ 105,600	$ 71,712	$	13,200	$ 77,850	$ 77,850
Facility Leases	$	8,020	$ 8,020	$ 4,000	$	4,010	$ 8,000	$ 2,000
Equipment Costs	$	322,692	$ 230,452	$ 103,128	$	341,156	$ 8,000	$ 148,146
Customer CPE	$	213,738	$ 167,674	$ 88,953	$	-	$ -	$ -
Type II expenses	$	58,400	$ 13,000	$ 44,000	$	-	$ -	$ -
Project Management	$	165,000	$ 165,000	$ 165,000	$	165,000	$ 165,000	$ 165,000
Total	$	6,032,591	$ 7,004,318	$ 1,996,074	$	3,942,865	$ 6,799,856	$ 5,242,230

Option 1 Configuration

Regional Health Information Organization
Network Infrastructure - Rural Initiative

Option 1 Budget by Zone and Site Connection

FCC RHCP Project Captiol Expense Zone 1 Option 1

Project Breakdown	Firelands Health System		Memorial Hospital Freemont		Fostoria Community		Memorial Hospital of Tiffin		Bellvue Hospital		Mercy Hospital Willard		Fisher Titus Medical		Smaratian Health Systems		HB Magruder
Fiber Construction	$	542.538	$	542,538	5	542.538	$	542,538	$	542.538	$	542.538	5	542,53760	$	542.53780	$	542,537.60
Pole Permits	$	27.822	$	27,822	5	27.822	$	27.822	$	27.622	$	27.822	$	27,822.44	$	27,822.44	$	27,822.44
Fiber Entrances	$	12,500	$	14,200	$	18,200	$	14,200	$	14,200	$	16.500	$	17,00000	$	12.200.W	$	12,50000
Facility Leases	$	891	$	891	$	891	$	891	$	891	$	891	$	891.11	$	891.11	$	891.11
Equipment Costs	$	35.855	5	35,855	$	35,855	5	35.855	$	35.865	$	35.855	$	35,854.72	$	35,854.72	$	35,854 72
Customer CPE	$	26,865	$	28.865	$	26,865	$	26.865	$	26.865	$	28.865	$	26,864.86	5	12.84200	$	12,842.00
Type II expenses	$	6.489	$	6,489	$	6,489	$	8.489	$	6,489	$	6,489	$	6,489	$	6,488.89	$	6,488.89
Project Management	$	18.333	$	18,333	$	18,333	$	18.333	$	18,333	5	18,333	$	18,333.33	$	18,333.33	$	18,333.33
Total	$	671,293	$	672,993	$	676,993	I	672,993	I	672,993	I	675,293	$	676,793	$	656,970	I	657.270

FCC RHCP Project Captiol Expense Zone 2 Option 1

Project Breakdown	Joel Pomerene		Coscockton		Twin City Hospital		Union Hospital		Wooster Community Friendsville		Wooster Community Beall		Dunlap Memorial
Fiber Construction	$	876,174	$	876,174	$	876,174	$	876,174	$	876,174	$	876,174	$	876,173.76
Pole Permits	$	25,908	$	25.808	$	25,908	$	25.808	$	25,908	$	25.908	$	25.90797
Fiber Entrances	$	13,200	$	14,200	I	19,500	I	22,300	$	18.290	I	18,200	$	
Facility Leases	I	1,146	$	1,146	$	1,146	$	1,146	$	1,146	$	1,146	I	1,145.71
Equipment Costs	$	32,922	$	32,922	5	32,922	$	32,922	I	32,922	$	32,922	$	32,921 77
Customer CPE	$	26.865	$	26,865	$	26,865	$	26.865	$	24,991	I	26.865	I	8,358.50
Type II expenses	$	1.857	$	1,857	$	1,857	$	1,857	$	1,857	$	1,857	$	1.857
Project Management	$	23,571	$	23,571	$	23,571	$	23,571	S	23,571	I	23,571	$	23,571.43
Total	$	1,001,643	$	1,002,643	I	1,007,943	I	1,010,743	I	1,004,769	$	1,006,643	I	969,936

FCC RHCP Project Captiol Expense Zone 3 Option 1

Project Breakdown		UHHS Memorial of Geneva		Glenblegh health Source		Ashtabula County		UHHS Brown Memorial
Fiber Construction	$	361,944	$	361,944	$	361,944	$	361,944
Pole Permits	$	17.876	$	17,876	$	17.876	$	17,876
Fiber Entrances	$	10,200	$	15,300	$	21,012	$	
Facility Leases	$	1,000	$	1,000	$	1,000	$	1,000
Equipment Costs	$	25.782	$	25,782	8	25,702	$	25,782
Customer CPE	$	26,865	5	26,865	$	26.865	$	8.359
Type II expenses	$	11,000	$	11,000	$	11,000	$	11,000
Project Management	$	4'1.250	$	41,250	$	41,250	$	41,250
Total	$	503.917	$	501,017	$	506,729	$	467,211

Option 2 Hybrid Fiber/Wireless Based HealthNet Deployment

HealthNet Cost Summary		Total Capital Cost	Annual Operational Costs	FCC RHCP Project Total Costs	Status
Zone	0	$ 13,000,000	$ 1,200,000		Complete
Zone	1	$ 5,208,943	$ 30,933	$ 5,239,876.05	Waiting Grant & Financing
Zone	2	$ 1,555,520	$ 33,144	$ 1,588,663.47	Waiting Grant & Financing
Zone	3	$ 2,033,981	$ 16,670	$ 2,050,651.27	Waiting Grant & Financing
Zone	4	$ 3,942,865	$ 14,838		Waiting Grant & Financing
Zone	5	$ 7,132,212	$ 18,341		Waiting Grant & Financing
Zone	6	$ 5,242,230	$ 13,443		Medina County Bond Financed
Northeast Ohio Funding Plan		$ 38,115,751	$ 1,327,368	$ 8,879,190.78	

RHCP Funding Distribution Plan	Contribution	Distribution
FCC Portion	55%	$ 4,883,554.93
OneCommunity Contribution	20%	$ 1,775,838.16
Grant & Financing	25%	$ 2,219,797.70
Total Funding Requirements		$ 8,879,190.78

Option 1 Zone Budget Detail

Project Breakdown	FCC RHCP Project			OneCommunity Network Expansion		
	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6
Fiber Construction	$ 4,240,051	$ 558,022	$ 1,359,600	$ 3,317,424	$ 6,344,976	$ 4,704,480
Pole Permits	$ 135,964	$ 12,277	$ 39,094	$ 102,075	$ 195,230	$ 144,753
Fiber Entrances	$ 57,400	$ 36,400	$ 56,412	$ 13,200	$ 77,850	$ 77,850
Facility Leases	$ 4,010	$ 8,020	$ 4,000	$ 4,010	$ 8,000	$ 2,000
Equipment Costs	$ 339,146	$ 586,052	$ 280,928	$ 341,156	$ 8,000	$ 148,146
Customer CPE	$ 176,725	$ 93,648	$ 70,447	$ -	$ -	$ -
Type II expenses	$ 90,646	$ 96,100	$ 58,500	$ -	$ -	$ -
Project Management	$ 165,000	$ 165,000	$ 165,000	$ 165,000	$ 165,000	$ 165,000
Total	$ 5,208,943	$ 1,555,520	$ 2,033,981	$ 3,942,865	$ 6,799,056	$ 5,242,230

Option 2 Configuration

Regional Health Information Organization
Network Infrastructure – Rural Initiative
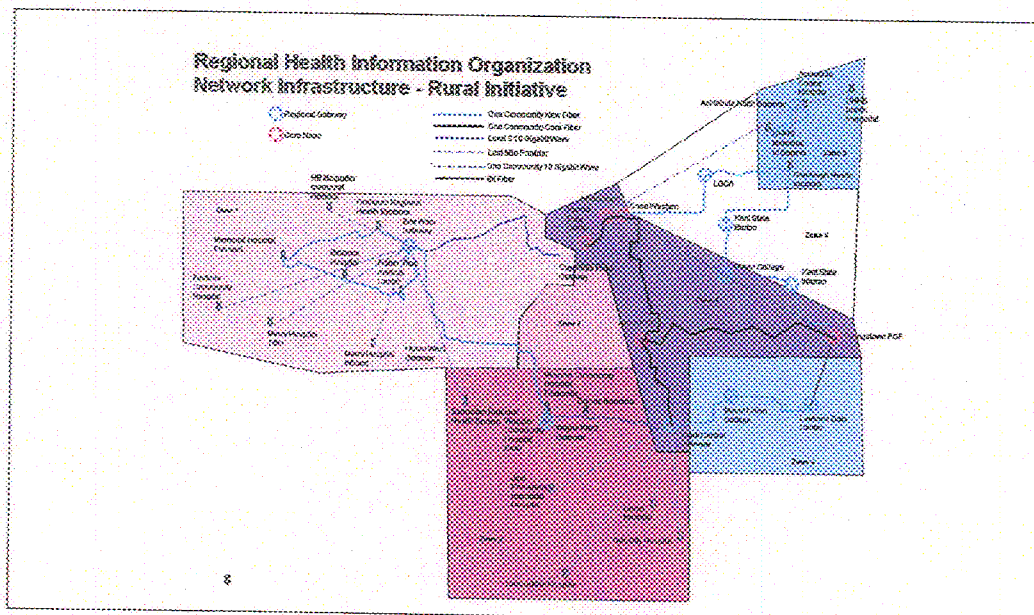
Option 2 Budget by Zone and Site Connection

FCC RHCP Project Captiol Expense Zone 1 Oprion 2

Project Breakdown	Firelands Health System		Memorial Hospital Freemont		Fostoria Community		Memorial Hospital of Tiffin		Bellvue Hospital		Mercy Hospital Willard		Fisher Titus Medical		Smaratian Health Systems		HB Magruder
Fiber Construction	5	471.117	5	471,117	$	471.117	5	471,117	5	471.117	$	471.117	5	471,116.80	$	471,116.80	5	471,116.8
Pole Permits	5	15,107	5	15.107	$	15,107	5	15.107	5	15.107	5	15,107	$	15,107.12	5	15,107.12	5	15,107.
Fiber Entrances	I	12,500	$	14.200	5	-	$	-	$	14.200	5	-	5	16,500.00	5	-	$	
Facility Leases	5	446	I	446	$	446	$	446	$	446	5	446	$	445.56	5	445.58	$	445.
EquipmentCosts	$	37,683	5	37,683	5	37.683	5	37.683	5	37.683	$	37.683	5	37.682.92	5	37,682.92	5	37,682.
Customer CPE	$	26,865	$	26.865	5	8,359	$	26,865	$	26,865	$	8.353	5	26,864.86	5	12.84200	$	12.8421
Type II expenses	5	10.072	5	10.072	5	10.072	5	10,072	$	10,072	$	10.072	5	10,072	$	10,071.78	$	10,071
Project Management	5	18.333	5	18.333	$	18,333	5	18.333	5	18.333	5	18.333	$	18,333.33	$	18,333.33	$	18,333
Total	5	**592,122**	$	**593,822**	$	**561,116**	$	**679,622**	5	**593,822**	$	**561,116**	■	**596,122**	■	**565,600**	■	**565,6**

FCC RHCP Project Captiol Expense Zone 2 Option 2

Project Breakdown		Joel Pomerene		Coscockton		Twin City Hospital		Union Hospital		Wooster Community Friendsville		Wooster Community Beall		Dunlap Memorial
Fiber Construction	5	79.717	$	78.717	$	78.717	5	79.717	I	79.717	5	79,717	5	79,717.44
Pole Permits	$	1.754	5	1.751	$	1.754	$	1,754	5	1,754	$	1,754	5	1,753.88
Fiber Entrances	I		$		$	-	$	-	$	18,200	5	18.200	I	
Facility Leases	5	1,146	$	1,146	5	1,146	I	1.146	5	1,146	I	1,146	$	1,145.71
Equipment Costs	5	83.722	I	83,722	5	83,722	I	83.722	I	83.722	5	83,722	$	83,721.77
Customer CPE	$	8.369	5	8,359	$	8,359	5	8.359	5	24.901	I	26,865	5	8,358.50
Type II expenses	5	13.729	I	13,729	5	13,729	I	13,729	5	13,729	$	13.728	I	13,729
Project Management	5	23.571	$	23,571	5	23.671	$	23.571	5	23.571	$	23.571	I	23.5713
Total	■	**211,997**	$	**211,997**	$	**211,997**	$	**211,997**	■	**246,830**	I	**248,704**	■	**211,997**

FCC RHCP Project Captiol Expense Zone 3 Option 2

Project Breakdown		UHHS Memorial of Geneva		Glenblegh health Source		Ashtabula County		UHHS Brown Memorial
Fiber Construction	$	339,900	$	339,900	$	339,900	$	339,900
Pole Permits	$	9.774	$	9,774	$	9,774	$	9,774
Fiber Entrances	$	18,200	$	-	$	21,012	$	
Facility Leases	$	1,000	$	1,000	$	1,000	$	1,000
Equipment Costs	$	70,232	$	70,232	$	70,232	$	70,232
Customer CPE	$	26.865	$	8,359	$	26.865	$	8,359
Type II expenses	$	14,625	$	14.625	$	14625	$	14,625
Project Management	$	41,250	$	41,250	$	41,250	$	41,250
Total	$	**521,846**	$	**485,139**	$	**524,658**	$	**485,139**

APPENDIX C
Project Personnel

Chief Operations Officer
FCC Program Manager

Mark Ansboury is a veteran telecommunication professional with years of community development, information technology and telecommunications leadership experience in the private and public sectors. As Chief Operations Officer for the NEO RHIO and Onecommunity HealthNet Partnership, Mark is responsible for coordination of the Federal Communications Commission pilot project. He currently serves as Chief Operating Officer and Chief Technology officer of Onecommunity where he manages the technical, operational and business development of OneCommunity's ultra broadband community network.

Most recently, Mark served as Vice President of managed services and chief technology officer for Telsource Managed Network Services of Fairfield, New Jersey. He was executive vice president of engineering, chief technology officer and director of ClearData Communications where he was responsible for the national deployment of an IP/ATM/WDN network. Prior to that, Mark was President and Founder of NGT Partners, LLC a technology and financial consulting firm and Information Technology Partners (ITECH Partners), responsible for the development of wireless and national IP/ATM, and wireless strategies for AT&T, Intermedia Communications, Bell South and Optus Communications and network deployment and management for OPTUS Communications/Advanced Radio Telecom, and Winstar.

In addition, Mark served as Director for Telecommunications at the State of Texas Department of Information Resources where he was responsible for the Texas Statewide IP and Telemedicine network. He also served as co-chair on the state's Telemedicine Strategic Plan and led the development of the State of Texas Telecommunications Plan. During this period Mr. Ansboury also served as a legislative consultant on the Texas Telecommunications Reform Act of 1996.

Mark holds a M.S. in systems management from the University of Southern California and B.S./B.A. from Hawaii Pacific College. He served nine years in the U.S. Navy and earned an IEE Certification in Communications. Additionally, Mark is certified as a Security CISSP and Disaster Recovery Planner.

Active in the workforce development and nonprofit community, Mark supports a number of community collaborations including serving as a Team Leader for Aligning Forces for Quality in Health Care, serving

as an Advisor for the Ohio Health Information Partnership, serving as an Advisor for the to the Health Policy Institute of Ohio **for** the HISPC Grant, and as a Trustee for the Cleveland Ingenuity Festival.

LAWRENCE VOYTEN

Healthcare Programs
Telemedicine & HIE Coordinator

In his role, Lawrence Voyten brings 30-years of strategic healthcare information experience to the Federal Communications Commission pilot project.

Lawrence currently works as a Project Coordinator, Manager and Consultant for OneCommunity. Historically, he has directed a national consulting service practice supporting service and software sales. This included large scale outsourcing and application development projects along project management. He is skilled working with senior management in decision-making, project planning, project implementation and fmancial impact analysis. He has a comprehensive knowledge of identifying business drivers and matching strategy with tactical objectives. He created new and adapted existing service products creating marketing plans, sales education programs and delivery teams, and supported software product sales and implementation with client adaptation, market analysis and project planning.

Prior to working with OneCommunity, Lawrence has managed multiple consulting assignments and worked as a Vice President at Marconi Communications, a global communications and information technology company supporting North American operations where he was responsible for development and management of healthcare technology security products and services and created and executed sales strategy for product and service solutions. Additionally, he has worked for Keane, Inc., a billion dollar applications development, software sales, outsourcing and integration services firm. At Keane he was as a national director responsible for development, delivery, coordination and sales of services on a national level. He directed a team of national healthcare industry experts and managed several large engagements, coordinated national presentations, forums and conferences on industry issues and challenges, and developed and monitored national account strategy.

Lawrence has provided operational leadership in several tertiary teaching hospital settings where he has managed various large physician group practices and clinical operations. He has been a project manager for several MSO/PHO development projects that facilitated organizational structure changes that linked the medical staff and the hospital business drivers and community mission.

Lawrence holds an M.B.A. from Baldwin-Wallace College, a B.S. in nursing from Case Western Reserve University, and a **B.A.** in biology from Hiram College. Truly involved in the healthcare information industry, Lawrence is the Regional Past President of HIMSS, and serves as a current Board Member, Member National Nursing Informatics and American College of Healthcare Executives –Faculty and Consultant.

Director Engineering
FCC Network Project Manager

A master telecommunications network engineer, Chuck's contribution to the FCC Pilot Project will he to oversee the architectural design, network infrastructure and vendor partnerships of the program.

Chuck is responsible for the development, growth, and management of the One Community ultra-broadband network infrastructure by working with all staff members to develop cases and meet the needs **of** subscribers. He manages the daily operation and engineering **of** all technical aspects associated to the network design, implementation and maintenance of the One Community infrastructure.

Recently, Chuck served as Director of Engineering and Operations for Adelphia Commercial Services (Previously Adelphia Business Solutions) for the nation. He assisted in developing Adelphia into a competitive local exchange carrier and commercial internet provider. Previously, he was director of Midwest operations and core developer for Northpoint DSL where he was responsible for designing and deploying a DSL infrastructure in 54 US. cities. Prior to that, Chuck worked for MCI for 14 years starting out as a field engineer completing fiber installations and maintenance as well SONET system turn-up. Through MCI, he worked up to Senior Network Engineer for MCI, responsible for all outside plant, equipment installation and maintenance, SONET and DWDM deployment for MCI-Metro for Northeast United States.

Chuck holds a Ph.D. in theoretical physics, an M.S. in quantum physics, and a B.E. in electrical and mechanical engineering from the University of California at Berkley. He holds numerous technical certifications including: Juniper Network Certified Internet Expert (JNCIE), Cisco Certified Network Professional (CCNP), SONET Optical Specialist **(SOS),** Advanced Optical Transport Systems (AOTS) and various others.

Construction Management

A veteran project management, fiber-build and construction supervisor in the telecommunication industry, Ron Forster will bring his experience to the role of the Construction Management for the FCC Rural Health Care Pilot Program.

Ron has been responsible for the development and growth of the One Community network and fiber infrastructure. He is responsible for the design and deployment by working with One Community's partners to plan and construct the fiber infrastructure. Ron is also responsible for project management and coordination. He brings to One Community years **of** outside plant experience from the public sectors.

Ron has worked **27** years in the cable industry with Adelphia Communications Corporation. Ron was involved **in** the original fiber infrastructure build for all Northeast Ohio and surrounding areas. He assisted other territories within Adelphia in the design and construction of their fiber infrastructure. He has vast knowledge of outside plant construction and all other carrier's fiber plants.

Network Engineering
Field Engineering

Jon brings a solid track record of network support and field infrastructure engineering to the FCC Rural Health Care Pilot Program. Currently, he serves as Network Field Engineer for OneCommunity's ultra broadband network.

In his role, he is responsible for the ongoing support and operation of the One Community network infrastructure. Duties include any move, add, **or** changes (MAC) required to the network to support the current and future user population. Additionally, he is responsible for troubleshooting and resolution of any network related issues, and perform any required OS upgrades on network equipment resulting from discovered bugs or security vulnerabilities. Jon is also charged with the daily monitoring and management of the network infrastructure including reviewing the network performance, device logs, and overall network performance and recommendations.

Most recently, Jon served as operations engineer at Time Warner Cable Business Class and senior operations technician of Adelphia Commercial Services where he was responsible for maintaining the central office, installation and maintenance of various Ethernet and SONET networks, evaluation of new equipment and technologies, and handling new customer requirements. In addition, he designed switched and routed networks to support a variety of IP traffic for custom network requirements.

Previously, Jon was the senior network engineer for Network Systems Engineering, responsible for troubleshooting network performance, planning and design of network upgrades and expansion, designing custom IT implementations to meet specific needs, and training in both IT and installation procedures to respective department employees.

He holds numerous technical certifications including: Microsoft Certified Professional (MCP), Microsoft Certified Systems Administrator (MCSA), Microsoft Certified Systems Engineer (MCSE), and a Cisco Certified Network Associate (CCNA).

Operations Engineering
Test & Certification

Mark is an information technology and operations engineer who will contribute to the FCC Rural Health Care Project by overseeing network testing, initialization, connectivity, and verification for customer use.

Mark is responsible for the ongoing support and operation of the OneCommunity network infrastructure. Duties include any move, add or changes (MAC) required to the network to support the current and future user population. In addition his responsibilities include troubleshooting and resolution of any network related issues, and required **OS** upgrades on network equipment resulting from potential security vulnerabilities. Mark is also responsible for the daily monitoring and management of the network infrastructure. His duties include the review of network performance, device logs, and overall network performance and reporting of potential issues and recommendations.

Most recently, Mark served an operations engineer for Network Systems Engineering where he was responsible for troubleshooting network performance, planning and design of network upgrades. In addition, he managed expansion plans, design, and custom implementations and training in both IT and installation procedures to department employees.

Prior to that, Mark was the IT director for ADR Investigation & Protection Corporation where be was responsible for installation, maintenance, expansion, planning, and development of their national video and access monitoring network.

Mark holds numerous technical certifications including: Microsoft Certified Professional (MCP), Microsoft Certified Systems Administrator (MCSA), Microsoft Certified Systems Engineer (MCSE), and a Cisco Certified Network Associate (CCNA).

APPENDIX D
Letters of Support

May 4, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC **20554**

Re: Rural Health Care Pilot Project

Dear Rural Health Care Pilot Project Review Committee:

I am pleased to offer my support and endorsement of the proposed **One** Community Rural
Health Care project. This initiative, designed to serve the Northeast Ohio Region, has been
created in response to the Federal Communication Commission announcement for a Rural
Health Care Pilot Program. Its implementation will propel the adoption of health information
technology and the exchange of health information, two agendas that tit perfectly within our
Broadband Ohio Initiative and our Turnaround Ohio program.

The Strickland Administration just took office this year. During the campaign, **we** set forth **a**
clear vision that calls on creating sufficient broadband capacity throughout Ohio to ensure
that all communities and all Ohioans can benefit from such capacity. We know how
important this capacity is to bringing the vision of effective health information exchange into
reality.

Moreover, my administration is dedicated to having its health-related state agencies
participate in efforts to promote better adoption of health information technology and
exchange of health information. As a result, we **are** working closely with the Health Policy
Institute of Ohio on the Health Information Security and Privacy Collaboration contract that
began under Governor Taft and to find ways to help implement the recommendations in the
HIT Roadmap for Ohio. To that end, staff of the Governor's Office and of state agencies
have worked with HPIO and interested parties to develop a cohesive strategy for responding
to opportunities such as this FCC grant request and to make sure that the proposals we
endorse build toward this strategic vision. Moreover, this Administration and our state
agencies will also work closely with this project, should it receive funding from the FCC.

We believe that the One Community Rural Health Care project is an important and
worthwhile project that embodies what you have stated you are looking to fund. This project
creates a broadband structure needed to further implement a statewide health information
network. One Community and the Northeast Ohio Rural Health Organization, NEO RHIO,

have developed a consortium of regional, urban and rural healthcare providers, vendors, technology researchers and government advisers. This consortium is well designed to coordinate the efforts of several statewide healthcare initiatives and leverage the resources of all, bringing cost-saving eHealth services to those who might not otherwise receive quality health care. The additional gigabyte optical fiber connections to hospitals, care providers, patients and government health agencies in Northeast Ohio provide a physical network model that can be applied in other rural areas of the state, thus meeting the requirements and objectives set forth by this FCC funding opportunity.

Finally, we are pleased to offer a strong recommendation to One Community and NEO RHIO. Their partnerships, developed across several industries, provide structure and vision to ensure project sustainability and access for future eHealth Initiatives. Should there be any questions regarding our support or this letter, please do not hesitate to contact **my office.**

Sincerely,

Ted Strickland
Governor, State of Ohio

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(734) 913-4255 (fax)
www.internet2.edu

May 3, 2007

Mark T. Ansboury
Chief Operating Officer and Chief
 Technology Officer
OneCommunity
1375 Euclid Avenue, Suite 500
Cleveland, OH 44115

Dear Mr. Ansboury:

On behalf of Internet2, I am pleased to write in strong support of the
OneCommunity Rural Health Care proposal that is being submitted to the Federal
Communication Commission in response to the Rural Health Care Support
Mechanism, WE Docket No. 02-60.

This proposal's strengths include its:
- Partnership of OneCommunity and the Northeast Ohio Regional Health
  Information Network (NEO RHIO) to create HealthNet as an innovative
  broadband initiative in support of the Telemedicine and Health Information
  Exchange (HIE);
- Inclusion of other partners throughout northeastern Ohio, including academic
  and metropolitan medical centers, the regional physician organization, two
  major economic development organizations, the United Way, the Health
  Policy institute of Ohio, and government agencies;
- Extension *of* OneCommunity's existing broadband network, significant
  healthcare technology coordination, and established partner network (that
  includes NEO RHIO, regional urban and rural healthcare providers, and a
  consortium of vendors, technology researchers, and government advisors) to
  include rural Northeastern Ohio hospitals and government health agencies;
- Creation of a regional repository for secure telehealth applications for chronic
  disease monitoring and continuing education;
- Implementation of sustainable enterprise solutions using HIT for eligible
  providers in rural and underserved counties;
- Current range of 28 hospitals with an additional 19 rural hospitals added
  through this mechanism throughout 22 counties;
- Use of Internet2's high bandwidth network to provide access to unmatched
  content and support; and
- Likelihood of enhancing telehealth in Ohio through a unified, inclusive, and
  sustainable network, enhancing collaboration and continuing education
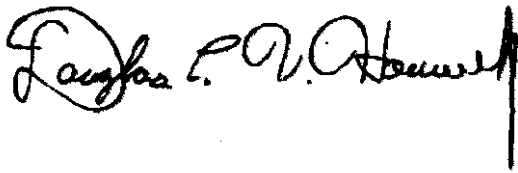
among health care providers, improving access to specialty medical care, enhancing the timely and accurate delivery of health care records, and cost-effectively improving health care statewide.

The proposal will utilize the new Internet2 Network and the regional networks to expand the telehealth infrastructure and provide high speed connections to all participants. By incorporating Internet2's middleware, security, and performance measurement tools, it also will provide secure exchange of medical records, permit remote access to expert diagnosis and treatment, increase cost-efficiencies by reducing costs associated with travel, and enhance training and research collaboration with secure multi-site videoconferencing. The use of Internet2's network not only will provide an effective, secure, and system for statewide and national telehealth and telemedicine, but also will ensure that training and other integrated resources will be incorporated to optimize the network's utility. In doing so, the regional network that will be created will facilitate the exchange of reliable data, and digital image, voice, and video transmissions with quality to enhance real-time clinical consultation.

Internet2 is the foremost **U.S.** advanced networking consortium. Led by the research and education community since 1996, Internet2 promotes the missions of its members by providing both leading-edge network capabilities and unique partnership opportunities that together facilitate the development, deployment and use of revolutionary Internet technologies. The Internet2 Network and its member community innovations in middleware, security, educational networking, and partnerships with premier federal agencies such as NJH are uniquely positioned to deliver high performance, flexible, low-cost connectivity in support of healthcare needs on a sustained basis on the local, regional, state, and national levels. In the process, these partnerships are likely to expand technological capabilities, increase the range of geographical access to sophisticated treatment modalities, and redefine the parameters of disease diagnosis, treatment, and management.

We are pleased to offer our strong support for this innovative proposal, which will enhance the provision of telehealth and telemedicine services regionally and nationwide.

Sincerely,

Douglas E. Van Houweling
President and **CEO,** Internet2

Mark T. Ansboury
Chief Operating Officer
Chief Technology Officer
Onecommunity
1375 Euclid Ave, Suite 500
Cleveland, Ohio 44115

Dear Mark:

National LambdaRail, Inc. is pleased to support the proposed Onecommunity Rural Health Care project. This initiative, designed to serve the Northeast Ohio Region, has been created in response to the Federal Communication Commission announcement for a Rural Health Care Pilot Program.

I am pleased to commit to providing access to the national network resources of National LambdaRail, via OneCommunity, to your project during the life of the pilot program.

We are committed to serving as a key participant, via OneCommunity's leadership in this project that will result in strengthening health care for and the information infrastructure of your communities in northeastern Ohio.

The NLR believes that a successful implementation **of** this pilot project will set the stage for greater collaboration amongst the healthcare facilities, university medical centers as well as enable remote delivery of specialized health care applications throughout Ohio and the Northeast region. When connected to NLR's nationwide backbone these capabilities will be extended to resources across the country. The end goal is to enable an individual citizen in need **of** healthcare to have access to the specific expertise and treatment regardless of that person's physical proximity to the resources and services.

Our support is based on the fact that Onecommunity has an existing broadband network, significant healthcare technology coordination role and established partner network that includes the Northeast Ohio Regional Health Organization (NEORHIO), regional urban and rural healthcare providers, and a consortium **of** vendors, technology researchers and government advisers. This existing regional core network and health care focus should allow OneCommunity to meet the expected goals and outcomes of the FCC's pilot program.
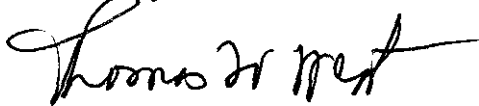
Onecommunity is in a unique position because they have already been working with healthcare organizations to extend their current network and clearly detailed how they

would install additional gigabyte optical fiber connections to hospitals, care providers, patients **and** government health agencies in the rural areas of Northeastern Ohio. We believe that OneCommunity's goals are specific and meet the tone and objectives of the FCC pilot project. Specific aims of the OneCommunity's proposal include: (1) connecting rural hospitals located in the Northeast Ohio rural health region over a dedicated broadband network; (2) extending the OneCommunity/NEORHIO broadband services to rural providers; (**3**) creating a regional repository that employs secure telehealth applications for chronic disease monitoring and continuing education services; and (4) implementing sustainable enterprise solutions using HIT for eligible providers in rural and underserved counties. This network is expected to improve the quality of health reducing the cost.

Lastly, the NLR supports OneCommunity because of their proven history and continued sustainability. OneCommunity has made significant progress in identifying innovative applications and services that take advantage of the physical fiber network they have built and continue to build. They have successfully developed a network of non profit and for profit organizations application that work collectively to realize the true potential this resource has to offer to the region and the health care of its citizens. Their use cases are clearly defined and meet the needs of the region.

Again, it is NLR's pleasure to strongly support OneCommunity's proposal.

Sincerely,

Thomas W. West
President/CEO
National LambdaRail, Inc.

May 3, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554
Re: Rural Health Care Pilot Project

Dear Rural Health Care Pilot Project Review Committee:

We at the Health Policy Institute of Ohio (HPIO) are pleased to support and participate in the proposed Onecommunity Rural Health Care project. This initiative, designed to **serve** the Northeast Ohio Region, has been created in response to **the** Federal Communication Commission announcement for a Rural Health Care Pilot Program. Its implementation will propel the adoption of health information technology and the exchange of health information, two agendas of HPIO.

HPIO has played a leadership role over the past three years to advance the effective adoption of health information technology (HIT) and exchange of health information (HIE). In 2006, HPIO served as a neutral convener to bring diverse groups of stakeholders together to develop a strategic Ohio HIT/HIE roadmap. HPIO released this Roadmap in December. In addition, in 2006 Governor Taft designated HPIO to submit Ohio's Health Information Security and Privacy Collaboration (HISPC) proposal. Governor Strickland office has requested that we pursue the extensions associated with this project in 2007.

Both of these projects identified the need to invest in infrastructure needed to assure that all communities in Ohio have the ability to exchange health information. That investment includes both **the** capacity for information to flow from place to place and the structures to make such exchange effective and efficient. These goals dovetail perfectly with Governor Strickland's Broadband Ohio initiative and the goals of his Turnaround Ohio program.
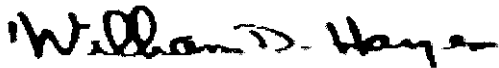
To bring the visions of the HIT/HIE Roadmap, the HISPC Implementation Plan, the Broadband Ohio Initiative, and the Turnaround Ohio program, HPIO and the Governor's Office are working together to encourage coordination of efforts springing up across Ohio to develop regional health information organizations. To this end, HPIO facilitated discussions with the various existing and emerging RHIOs in Ohio to figure out how best to respond to **the** FCC grant opportunity. From these discussions the participants identified two projects of value, which both build toward **these** visions.

One of those projects **is** the One Community Rural Health Care project. We believe that this project will broadband structure needed to further develop and implement **a** statewide health information network. We, at the Health Policy Institute of Ohio, strongly recommend the award of this opportunity to Onecommunity Health Care Rural Pilot Project. Onecommunity and the Northeast Ohio Rural Health Organization, NEO RHIO, have developed a consortium of regional, urban and rural healthcare providers, and a consortium of vendors,

technology researchers and government advisers. This consortium is well designed to coordinate the efforts of several statewide healthcare efforts and leverage the resources of all, bringing the cost-saving eHealth services to **those** who might not otherwise receive quality health care. The additional gigabyte optical fiber connections to hospitals, care providers, patients and government health agencies in Northeast Ohio provide a physical network model that can be applied in other rural areas of the state, thus meeting the requirements and objectives set forth by this FCC funding opportunity.

Finally, we are pleased to offer a strong recommendation to OneCommunity and NEO RHIO. Their partnerships, developed across several industries, provide structure and vision to ensure project sustainability and access for future eHealth Initiatives. Should there **be** any questions regarding our support or this letter, please do not hesitate to contact us.

Sincerely,

William D. Hayes, Ph.D.
President
Health Policy Institute of Ohio
37 W Broad St Ste 350
Columbus OH **43215**

Federal Communications Commission
445 12th Street SW
Washington, DC 20554
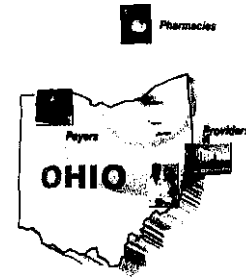
Re: Rural Health Care Pilot Project

Dear Rural Health Care Pilot Project Review Committee:

The Northeast Ohio Regional Health Information Organization (NEO RHIO) and its member organizations are pleased to support, partner and participate in the proposed OneCommunity Rural Health Care project. This initiative, designed to serve the Northeast Ohio Region, has been created in response to the Federal Communication Commission announcement for a Rural Health Care Pilot Program.

NEO RHIO was conceived as a response to an Office of the National Coordinator for Health Information Technology Nationwide Health Information Network Request for Proposal (ONC NHIN RFP), released in September, 2005. This effort brought together the CEOs and CIOs of several large hospitals in the Cleveland-Akron-Canton metropolitan area (Akron General Health System, Aultman Hospital, Children's Hospital Medical Center of Akron, Cleveland Clinic Foundation, Mercy Medical Center, MetroHealth, Summa Health System, and University Hospitals), along with multiple physician groups, pharmacies, and vendors, to discuss Health Information Technology (HIT) and Health Information Exchange (HIE) for the region. Since its inception, NEO RHIO has expanded its geography, stakeholders, and mission.

NEO RHIO's central reason for supporting OneCommunity's proposal is that it will provide core network resources necessary for the NEO RHIO to meet its mission. NEO RHIO was created as a broad-based collaboration between healthcare stakeholders who believe that sharing health information will improve the quality, safety, and efficiency of healthcare delivery in our community. In addition, NEO RHIO directly supports the continued development of healthcare **as** a leading industry in the region. Northeast Ohio already shines in the areas of healthcare, education, and industry. The growth **of** NEO RHIO, combined with an expanded broadband network, will place this region at the forefront of future efforts to advance healthcare and thus enhance the region's economic viability and growth.

NEO RHIO's first project links emergency department patients with their medical records that exist electronically at other locations. This project was selected partly because: 1) there is a demonstrated clinical / patient safety / quality / efficiency need for this service in our communities; 2) patients and administrators may be more comfortable with data sharing in "emergency" situations; **3)** the scope is limited in terms of number of users, training needs, etc; 4) there are several other examples of ED data sharing to learn from; and *5)* it leverages hospitals' existing IT infrastructure.

The future growth of NEO RHIO is expected to occur along the three axes of data sources, data users, and RHIO services offered. The selection and planning of NEO RHIO projects will be tiered and incremental in recognition of the complexity of the final vision. NEO RHIO, which started out as a project serving primarily urban communities, has seen its focus expand to many rural settings where supporting infrastructure is tenuous at best. The expansion of the Onecommunity network to rural facilities, care providers and patients will dramatically improve our growth and outreach.

Lastly, NEO RHIO supports OneCommunity because of their proven history and continued sustainability. OneCommunity has made significant progress in identifying innovative applications and services that take advantage of the physical fiber network that they have built and continue to build. They have successfully developed a network of non profit and for profit organizations applications that work collectively to realize the true potential this resource has to offer to the region and the health care of its citizens. Their use cases are clearly defined and meet the needs of the region.

NEO RHIO supports Onecommunity and the objectives of this proposal. If there should be any questions regarding this letter or related issues please do not hesitate to call.

Sincerely,

Brian F Keaton, MD, FACEP
NEO RHIO Project Director

what matters.™

April 26, 2007

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Re: Rural Health Care Pilot Project

Dear Rural Health Care Pilot Project Review Committee:

United Way of Greater Cleveland (UWGC) is pleased to support the proposed OneCommunity Rural Health Care project for Northeast Ohio. This initiative contains elements that are very complementary to our recent efforts through the Health and Caring for All Vision Council to assist urban health care providers in Greater Cleveland develop electronic information linkages that can eliminate disparities in the access to and the delivery of services for the under and uninsured. Connecting our efforts to a rural platform can only enhance the benefit of both initiatives.

The Health and Caring for **All** Vision Council is a unit of the Community Vision Council that is a partnership of public and private based organizations and individuals established to catalyze initiatives to dramatically improve health and human services in Greater Cleveland. UWGC has supported the efforts of the Vision Council since its inception and provides staff assistance for its activities.

A successful implementation of this Pilot Project can set the stage for greater collaboration amongst the healthcare facilities, university medical centers, major teaching centers, colleges and universities that train, conduct research and provide advanced healthcare throughout Ohio and the Northeast region.

Besides serving the urban areas of Greater Cleveland, UWGC has direct ties to United Way organizations in neighboring Geauga and Medina counties. Both serve a predominately rural population. These collaborations strongly document UWCG's commitment to regional efforts such as those contained in the Rural Health Care Pilot program and that impact Northeast Ohio.

Sincerely,

K. Michael Benz
President and Chief Executive Officer

KMB/wsl

OHIO
KēPRO

Ohio's Medicare Quality
Improvement Organization

April 30, 2007

Rural Health Care Pilot Program
Federal Communications Commission
445 12th Street SW
Washington, D.C. 20554

To Program Review Committee:

Please accept this support letter for Onecommunity and Northeastern Ohio Regional Health Information Organization (NEO RHIO) in their proposal to create *HealthNet* - a Northeast Ohio Broadband Initiative for Tele-communications and Health Information Exchange.

Ohio KePRO is the Medicare Quality Improvement Organization for Ohio. It is under contract with the Centers for Medicare & Medicaid Services (CMS) to improve the health and protect the rights of Ohio's **1.8** million Medicare beneficiaries. Ohio KePRO is currently charged by CMS to conduct quality improvement projects throughout Ohio in various healthcare settings including hospitals, physician offices, nursing homes, and home health agencies. Ohio KePRO works with providers and stakeholders in these healthcare settings in urban, suburban and rural environments. We are also actively promoting the use of telemedicine in our hospital and home health settings.

Implementation of the proposed *HealthNet* by Onecommunity will facilitate future growth for telemedicine thus enhancing our effect. We believe Onecommunity is in a strong position to implement the proposed project because they have demonstrated experience in working with healthcare organizations and have clearly detailed how they would install additional gigabyte optical fiber connections to hospitals, medical providers, and government health agencies in the rural areas of northeastern Ohio.

Again, as a member of the Onecommunity northeast Ohio network, we express our support of the proposal to create *HealthNet*, a northeast Ohio rural pilot program initiative to expand access to advanced tele-communications, greater more cost-effective use of information technology, and the secure exchange of health information.

Sincerely,

Alice S. Petrulis, MD
Chief Medical Officer